

DECLARATION Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "ANATOMIC DRY ATHLETIC TOE SOCK" the specification of which

(Check One) ☐ is attached hereto OR ☐ was filed on May 29, 2002.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Date of Filing | Priority Claimed Yes No | |
|-------------------------------------|---------|----------------|----------------------------|--|
| | | | | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date | | |
|-----------------------|-------------|--|--|
| | | | |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date | Status-Patented, Pending or Abandoned |
|-----------------------------------|-------------------|--------------------|---|
| 09/863,153 | | May 22, 2001 | Pending |



I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | FULL NAME OF INVENTOR | FIRST Name Joaquin City San Diego 1829 David Street | | MIDDLE Initial | LAST Name Romay | |
|--|-------------------------|---|-----|-----------------------------|-------------------------------|-------------------|
| 201 | RESIDENCE & CITIZENSHIP | | | State or Foreign Country CA | Country of Citizenship U.S.A. | |
| | POST OFFICE ADDRESS | | | City San Diego | State or Country CA | Zip Code 92111 |
| INVENTOR'S SIGNATURE JODGE ROMAN DATE MAY 28,200 | | | | | | |
| | | | 1 0 | 0 | | |

| Please type a plus sign (+) inside this box | → | |
|---|---|---|
| Ligase type a bigg sign () moles and cox | | ᆫ |

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/158,780 Filing Date 5/29/2002 First Named Inventor Joaquin Romay POWER OF ATTORNEY OR ANATOMIC DRY ATHLETIC SOCK **AUTHORIZATION OF AGENT Group Art Unit** 3765 Hoey, Alissa **Examiner Name Attorney Docket Number**

| I hereby appoint: | | | | | | |
|--|----------------------------------|--|--|----------------|-------------------------------|--|
| X | | ustomer Number | 22242 | | | |
| | OR | | L | J . | | |
| | Practitioner(s) na | med below: | .; | | | |
| | | | | · | 2 2 2 4 2 | |
| | | Name | Registration Number | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| • | | | 1 - 41 - 'didiid | atifical above | and to transact all | |
| as i | my/our attorney(s) | or agent(s) to prosect d States Patent and 1 | tute the application idea Trademark Office conn | ected therev | vith. | |
| | | | or the above-identified | | | |
| Please | | oned Customer Numb | | | | |
| OR | The above-menuc | offed Costoffier Name | | | Place Customer | |
| | Practitioners at Cu | stomer Number | | | Number Bar code Label here | |
| OR | | | | | | |
| | Firm <i>or</i> ndividual Name | | | | | |
| Address | s | | | | | |
| Address | \$ | | | | | |
| City | | | | State | Zip | |
| Country | | | | Fax | <u> </u> | |
| Telepho | | | | Fax | | |
| | am the: | | , | | | |
| | Applicant/Inventor. | | 0. 07.050.074 | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | |
| Name | Name Joaquin Romay | | | | | |
| Signatu | Signature Olbun Kmay | | | | | |
| Date / 14-8-03.// | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than on signature is required, see below. | | | | | | |
| | *Total offorms are submitted. | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents. Washington, DC 20231.